



An MCR Safety Brand

3119B Terrace Street Kansas City, MO 64111

Phone: 800-821-5218 option 1 Fax: 800-428-7304 Orders@ussafety.com www.ussafety.com

Bold Boxed Areas MUST Be Completed To Process This Order.
PLEASE PRINT

S Name/Office _____
H Address _____
I City _____ State _____ Zip _____
P

EYEWEAR MUST SHIP BACK TO FITTER

B Employee Name _____ Employee No. _____
I Norfolk Southern Supervisor Signature _____
L Contact Phone Number _____
L Card Holder Name _____ (please print)
 Card Holder email _____
 C[•••] (Last 4 digit of credit card) _____ EXP _____
 Please contact U.S. Safety 901.202.6247 if you need to add your credit card to our system.

***NOTE:**

The following frames require an employee co-pay

- Newport \$5.00
- US410 \$5.00
- US430 \$5.00
- TR307S \$18.68
- 6001 \$5.00
- 6001WC \$5.00
- 6001WD \$5.00
- 7005 \$14.00
- US2 \$5.00
- PN2 \$5.00
- USS6 \$5.00

Refer to Rx Order Form Instructions & Frames

Lens Material Polycarbonate		Clear		Tints (Specify Color): <input type="checkbox"/> Gray 10% <input type="checkbox"/> Gray 40% <input type="checkbox"/> Gray 60%			
Frame Style		Frame Color		Temple Length			
*Note co-pay frames				Photochromic Gray or Brown Employee upgrade option			
Eye Size	Bridge Size	Bridge Style <input type="checkbox"/> Unifit <input type="checkbox"/> Adj. Pads		Sideshields <input type="checkbox"/> Permanent Flatfold			
Sphere		Cyl.	Axis	Prism	Base		
Dec. (In-Out)		PD					
Distance	R					Far	Near
	L						
Add		Seg Hgt	Seg Width				
Near	R						
	L						
				Bifocals		Trifocals	
				FLAT TOP		FLAT TOP	
				<input type="checkbox"/> 28 <input type="checkbox"/> 35 <input type="checkbox"/> Full Width		<input type="checkbox"/> 8 x 28 <input type="checkbox"/> 8 x 35 <input type="checkbox"/> 14 x 35	
						<input type="checkbox"/> 28 <input type="checkbox"/> 35 Non-Std Sep:	
						PROGRESSIVE	
The "US" trademark on the lenses indicates compliance with the requirements of ANSI Z87.1 & ANSI Z80.1							

To Be Completed by Refractionist

Co-Pay Employee for upgrades - REQUIRED INFORMATION BELOW				NO CHECKS	
Employee Name: _____				CREDIT CARDS ONLY	
Phone Number: _____					
Email Address: _____					
Doctor/Optician Name (Printed)			Address		
City	State	Zip	Date	Phone	
CUSTOMER I.D. 740881-000				INVOICE NUMBER	